

Family Day Care Inspection Compliance Plan

Provider's Name: **Molly Cogley**

City: **Sioux Falls**

Provider Number: **010281531**

Inspector: **Renee Strong**

Date of Inspection: **08/31/2023**

Time of Inspection: **10:53 AM**

Provider was found to be in full compliance

Molly Cogley

Provider Signature

08/31/2023

Date

Renee Strong

Inspector Signature

08/31/2023

Date